

DELTA COMPANY 101ST FORWARD SUPPORT BATTALION
FORT RILEY, KANSAS 66442
PERSONAL DATA SHEET

Soldier Data	Name (Last, First, Mi) _____ Rank _____ SSN _____ DOB _____ Religion _____ Blood Type _____ Hair Color _____ Eye Color _____ Duty Position _____ Ethnic Group _____ Place of Birth _____ Date Assigned _____
Service Data	<div style="text-align: center;">PCS TDS TDY</div> BASD _____ PEBD _____ DOR _____ Promotion Status / Eligible Date _____ Points _____ Security Clearance / Investigation Date _____ NCOER Thru Date _____ Last Unit _____ Last Duty Position _____ Awards _____
Education	Military Education / Date Completed _____ _____ _____ Correspondence Credit Hours _____ TABE Date _____ High School Graduation Date _____ College Degree _____ Number of College Credits _____
Training	APFT Raw / Score PU ____/____ SU ____/____ Run ____/____ Weapons Qualification Score _____ Combat Life Savor Completion Date _____ Drivers Training Completion Date _____ NBC Course Completion Date _____ Swim Ability (circle one) None Poor Average Excellent
Physical	Height _____ Weight Auth/Actual ____ / ____ Weigh In Date _____ Body Fat Percentage ____% Overweight Program Date _____ Dental Category _____ Last Dental Exam Date _____ Eye Exam Date _____ Glasses On Hand _____ Inserts On Hand _____ Permanent Profile Type _____
Uniform	ACU Pant Size _____ ACU Shirt Size _____ Kevlar Size _____ Boot Size _____ Cover Size _____ Glove Size _____ Body Armor Size _____ Mask Size _____ JSList Pant Size _____ JSList Shirt Size _____

Personal Data	Spouse's Name _____			
	Address _____		Ph# _____	
	Mother's Name _____			
	Address _____		Ph# _____	
	Father's Name _____			
	Address _____		Ph# _____	
	Emergency Notify _____		Address _____ Ph# _____	
	Dependents:			
	Name _____		Relationship _____ DOB _____	
	Name _____		Relationship _____ DOB _____	
	Name _____		Relationship _____ DOB _____	
	Name _____		Relationship _____ DOB _____	
	Name _____		Relationship _____ DOB _____	
Spouse DOB _____ Anniversary _____				
Vehicle Data	Civilian License # _____ Expiration Date _____ State _____			
	Vehicle Make _____		Model _____ Year _____ Color _____	
	Plate # _____		Registration Expiration Date _____	
	Insurance Company _____		Policy # _____ Expiration _____	
	Vehicle Make _____		Model _____ Year _____ Color _____	
	Plate # _____		Registration Expiration Date _____	